

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number and address):   TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road, MAILING ADDRESS: William R. Ridgeway Family Relations Courthouse CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Juvenile Court		
CHILD(REN)'S NAMES:		
<b>MOTION FOR INCLUSION IN DEPENDENCY DRUG COURT and REQUEST FOR COURT HEARING DATE</b>		CASE NUMBER(S):

Name of Party:		Relationship to child(ren):
Disposition Date:	Has party been previously ordered to Dependency Drug Court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If previously ordered to Dependency Drug Court, party was dismissed because: <input type="checkbox"/> a. party failed to appear at a drug court hearing <input type="checkbox"/> b. party failed to complete an intake at STARS <input type="checkbox"/> c. sanction ordered at last hearing was:		

**A. Request and Declaration of Attorney:**

I am requesting that my client, \_\_\_\_\_, be ordered to participate in the Dependency Drug Court Program. I advised my client that their participation in Dependency Drug Court will be court ordered as part of their family reunification case plan and that the reports, information and rulings from all Dependency Drug Court hearings will be part of the dependency case about their child(ren).

Case Name	Case Number(s):
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**B. Response of Parties in the Case:**

I have sent a copy of my request to the parties listed below, as applicable. Based on their responses, I have checked the correct boxes below to show whether the parties agree with my request; or I reviewed this request with them in person and they have indicated their response by checking the boxes and signing below:

Attorney for:	Name:	Agree	Disagree	Or Obtained Attorney's Signature
Child(ren)		<input type="checkbox"/>	<input type="checkbox"/>	
County		<input type="checkbox"/>	<input type="checkbox"/>	
Parent		<input type="checkbox"/>	<input type="checkbox"/>	
Parent		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

**C. Signature of Attorney**

I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge.

\_\_\_\_\_  
 Date
 
  
 \_\_\_\_\_  
 Signature of Moving Party

**D. Court Hearing:**

☐ 1. The court orders the parent to appear at Dependency Drug Court for hearing on this matter on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: **Department 135**  
 (at the courthouse address listed above)

☐ 2. The court schedules a hearing on this matter in the home court at:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 (at the courthouse address listed above)

\_\_\_\_\_  
 Date
 
  
 \_\_\_\_\_  
 Signature of Judicial Officer